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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

3800_01

First Named Inventor

John

IRVING

COMPLETE IF KNOWN

Application Number

Filing Date

July 12, 2002

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*Method and System For Multi-Level Monitoring
AND FILTERING OF ELECTRONIC TRANSMISSIONS*

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name

JAMES D. FORNARI, ESQ

Address

645 MADISON AVENUE - 13th FLOOR

City

New York

State

New York

ZIP

10022

Country

USA

Telephone

212-698-0567

Fax

212-698-0573

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

John

Family Name
or Surname

IRVING

Inventor's
Signature

Date

June 19, 2003

Residence: City 352 DALY STREET

State

ONT

Country

CANADA

Citizenship

CANADIAN

Mailing Address

352 DALY STREET

City

OTTAWA

State

ONT

ZIP

K1G 6G9

Country

CANADA

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Marcello

Family Name
or Surname

BURSTEIN

Inventor's
Signature

Date

June 19, 2003

Residence: City

OTTAWA

State

ONT

Country

CANADA

Citizenship

ARGENTINEAN H.B.
CANADIAN

Mailing Address

335 COOPER STREET - APT 23

City

OTTAWA

State

ONT

ZIP

K2P-066

Country

CANADA



Additional inventors or a legal representative are being named on the

supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
STEVE		MULLIGAN		
Inventor's Signature	Steve Mulligan			Date Jun 19/2003
Residence: City	OTTAWA	State	ONT	Country CANADA
Mailing Address	125 STEWART STREET -APT 404			
Mailing Address				
City	OTTAWA	State	ONT	Zip K1N 6E3 Country CANADA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
PATRICK		LAJENNESS		
Inventor's Signature	Pat J.			Date Jun 19/2003
Residence: City	OTTAWA	State	ONT	Country CANADA Citizenship CANADIAN
Mailing Address	35 LANGEVIN AVENUE			
Mailing Address				
City	OTTAWA	State	ONT	Zip K1N 1G1 Country CANADA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State		Country	
Mailing Address				
Mailing Address				
City	State	Zip	Country	

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DECLARATION – Supplemental Priority Data Sheet

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	John IRVING
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

 Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number
JAMES D. FORNARI	25,260

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer Number.Place Customer
Number Bar Code
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OR

Firm or Individual Name	JAMES D. FORNARI			
Address	645 MADISON AVENUE - 13 th FLOOR			
Address				
City	NOW YORK	State	NY	Zip
Country	USA			
Telephone	212-698-0567	Fax	212-698-0573	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	John IRVING		
Signature			
Date	June 19, 2003	Telephone	1-888-770-3333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/>	Total of	4	forms are submitted.
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This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number

Filing Date

First Named Inventor

John IRVING

Title

Art Unit

Examiner Name

Attorney Docket Number

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Name	Registration Number
<i>JAMES D. FORNARI</i>	<i>25,260</i>

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OR

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OR

 Firm or
Individual Name*JAMES D. FORNARI*Address *645 MADISON AVENUE - 13th FLOOR*

Address

City

NEW YORK

State

NY

Zip

10022

Country

USA

Telephone

212-698-0567

Fax

212-698-0573

I am the:

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SIGNATURE of Applicant or Assignee of Record

Name *MARCELLO BURSZTEIN*Signature *[Signature]*Date *JUNE 14, 2003*Telephone *1-888-770-3333*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of *4* forms are submitted.

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Filing Date	
First Named Inventor	<i>John IRVING</i>
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

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Name	Registration Number
<i>JAMES D. FORNARI</i>	<i>25,260</i>

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Address	<i>645 MADISON AVENUE - 13TH FLOOR</i>			
Address				
City	<i>NEW YORK</i>	State	<i>NY</i>	Zip
Country	<i>USA</i>			
Telephone	<i>212-698-0567</i>	Fax	<i>212-698-0573</i>	

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SIGNATURE of Applicant or Assignee of Record

Name	<i>STEVE MULLIGAN</i>		
Signature	<i>Steve Mulligan</i>		
Date	<i>Jan 19, 2003</i>	Telephone	<i>1-800-770-3333</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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AUTHORIZATION OF AGENT****Application Number****Filing Date**

John IRVING

First Named Inventor**Title****Art Unit****Examiner Name****Attorney Docket Number**

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Number Bar Code
Label here*

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	JAMES D. FORNARI			
Address	695 MADISON AVENUE - 13 TH FLOOR				
Address					
City	NOW YORK	State	NY	Zip	10022
Country	USA				
Telephone	212-698-0567	Fax	212-698-0573		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	PATRICK LAJUNESSE		
Signature			
Date	June 19/2005		
	Telephone	1-888-770-3333	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/>	*Total of	4	forms are submitted.
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